



# Summer Softball Registration



Team Name \_\_\_\_\_ Sponsor \_\_\_\_\_

Manager's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

## League Preference

**Tuesday Night Men's** \_\_\_\_\_

**Thursday Morning Industrial** \_\_\_\_\_

**Monday Night Co-Rec** \_\_\_\_\_

## *Office use only*

*Team Fee Paid* \_\_\_\_\_

*Player Fee paid* \_\_\_\_\_

*Total* \_\_\_\_\_

*Team Number* \_\_\_\_\_